

PROJECT PROPOSAL

New Maternity Ward

St. Anne's Catholic Hospital
Damongo, Ghana

Submitted by MUSTANGH Foundation · May 2026



Total construction cost

€ 298,621

Requested from Wilde Ganzen

€ 99,540

Catchment population

150,000 people

1. Context: Maternal Health in Ghana

Ghana has made significant progress in improving maternal health outcomes over recent decades. Facility-based delivery (giving birth in a hospital or clinic rather than at home) is increasingly recognised as the standard of safe care, and is actively promoted by the Ghanaian government and international health organisations.

This shift is visible in the utilisation data at St. Anne's Catholic Hospital: the number of deliveries has grown steadily year on year. In 2025, the hospital recorded 1,262 deliveries, including 422 caesarean sections of which 275 were emergency procedures. These numbers reflect both population growth in the West Gonja District and a growing preference among women in the region to deliver in a hospital setting.

As this trend continues, the pressure on existing maternity infrastructure will only increase. The current ward at St. Anne's was not designed for this volume or complexity of care. Without intervention, the gap between demand and capacity will continue to widen.

1,262

deliveries in 2025

275

emergency caesarean
sections

2,650

maternity admissions in
2025

150,000

people in catchment
area

2. The Problem

St. Anne's Catholic Hospital in Damongo is the primary referral hospital for maternal healthcare in the West Gonja District, serving approximately 150,000 people. Despite the volume of care it provides, the physical infrastructure of the maternity ward has remained unchanged for years.

Overcrowding and lack of space

The current ward has 17 inpatient beds and a single delivery room with 2 delivery beds. During peak periods, multiple women are in active labour simultaneously with no available delivery space. Women in labour will have to be placed on mattresses on the floor. Patients at entirely different stages of care; women with complicated pregnancies, women in active labour, post-caesarean patients, and acutely ill patients, all share the same undivided space.



The current maternity ward at St. Anne's Catholic Hospital.

A dangerous disconnect

The maternity ward, operating theatre and Neonatal Intensive Care Unit (NICU) are located in separate buildings with no covered connection between them. In obstetric emergencies; postpartum haemorrhage, obstructed labour, fetal distress, every minute counts. The current layout forces staff to transport patients and newborns between buildings in the open air.

"A nurse runs through the rain, outside, carrying a newborn who needs resuscitation. Do children have to die because it is raining?"

Kajetan Salifu, Head of nursing, Neonatal Intensive Care Unit, St. Anne's Catholic Hospital

3. The Solution

The project involves the construction of a new, standalone maternity ward on the grounds of St. Anne's Catholic Hospital. The architectural design was developed by Stichting Bouwen, based on prior research conducted by students of Maastricht University. During construction, the existing ward will remain fully operational without disruption to patient care. Once the new ward is complete, fully equipped and handed over, the existing building will no longer serve as a maternity ward.

Functional layout and patient flow

The new ward (approximately 800 m² floor area) is designed around a clear, logical patient flow from admission to discharge. Patients are triaged on arrival and directed to the appropriate care zone. Dedicated spaces for each phase of care prevent the crowding and clinical confusion of the current situation.

The planned capacity includes:

- 4 delivery beds in dedicated delivery rooms
- 9 antenatal beds for women requiring inpatient monitoring during pregnancy
- 7 prenatal observation beds
- 7 postnatal beds for recovery after delivery
- 2 pre-operative and 2 post-operative beds
- An integrated operating theatre for emergency and elective caesarean sections
- A direct, covered connection to the NICU
- Dedicated sanitation facilities, staff workspaces, baby bath area and storage

Construction approach

The building uses robust, locally appropriate construction methods: all materials have been selected for durability and reparability in the local context.

The electrical layout includes air conditioning in all clinical areas and dedicated circuits for medical equipment. The plumbing connects to the hospital's existing water and sanitation infrastructure.



Front elevation of the new maternity ward



Aerial render showing the new ward within the hospital compound



Floor plan of the new maternity ward

4. Expected Impact

For mothers and newborns

- Safe, dignified labour conditions for all women
- No more deliveries on the floor during peak periods
- Faster emergency response: theatre and NICU directly accessible
- Newborns no longer transported through open air in emergencies
- Better infection prevention through functional separation of patient groups
- Improved privacy and dignity throughout the care pathway

For healthcare staff and the system

- Clearer clinical oversight of different patient groups
- Reduced operational pressure during busy shifts
- Better working conditions supporting staff retention
- Foundation for the hospital's long-term growth towards secondary-level status
- Strengthened regional role as referral centre for maternal and neonatal care
- Infrastructure capacity to absorb further growth in facility-based deliveries

5. Project Partners

The collaboration between the four parties involved is formalised in a Memorandum of Understanding.

St. Anne's Catholic Hospital

Initiated the project.
End user. Operational responsibility after completion.

MUSTANGH Foundation

Dutch non-profit organisation. Project coordinator, fundraiser and central point of contact.

Stichting Bouwen

Dutch foundation.
Technical design, construction supervision and quality control.

Catholic Diocese of Damongo

Institutional owner.
Provides land access, permits and long-term maintenance.

6. Budget and Financing

Construction budget

The construction budget is based on a detailed Bill of Quantities prepared by Stichting Bouwen in may 2026. It covers structural construction works, procurement and import of materials, and project management by Foundation to Build.

Budget item	Amount (€)	Status
Construction works (BoQ, Stichting Bouwen)	€ 234,490	To be funded
Procurement and import of materials (China)	€ 22,331	To be funded
Project management (Foundation to Build)	€ 41,800	To be funded
Total construction cost	€ 298,621	
Medical equipment and furnishings (estimate)	€ 150,000	Follow-on project
Total project cost (construction + equipment)	€ 448,621	
Own contribution (MUSTANGH Foundation)	€ 55,000	Committed
Wilde Ganzen (requested, 1/3 principle)	€ 99,540	Requested
Other foundations / co-funders	€ 144,081	To be sought

Financing strategy

The project will be financed entirely through donations and fundraising. No loans will be taken at any stage. MUSTANGH Foundation has committed €55,000 in own funds as a first contribution, demonstrating the foundation's confidence in and commitment to the project.

In line with the Wilde Ganzen co-funding principle, a contribution of €99,540 representing one third of the total construction cost is hereby requested. The remaining €144,081 will be sought from other foundations and institutional donors. Fundraising is actively underway.

The equipping of the ward, including medical furniture, delivery beds, monitoring equipment and neonatal stabilisation facilities, is estimated at an additional €150,000. This will be the subject of a

separate, follow-on funding proposal. The ward will only be handed over to St. Anne's Catholic Hospital once it is fully equipped and ready for clinical use.

Financial safeguards

The project follows a phased funding and construction approach. Construction will only commence once sufficient funds have been secured to complete the building to a wind and weather-tight stage, meaning foundation, structural frame and roof. This ensures the building cannot be left in an exposed or incomplete condition.

The overall timeline depends on the pace at which funding comes in. If less than 50% of the required funding has been raised within two years of the start of the fundraising phase, a formal reassessment will be conducted and donors will be given the option to withdraw or reallocate their contributions.

Project funds are managed by MUSTANGH Foundation. Payments to Stichting Bouwen are made based on verified expenses and documented construction progress. Monthly photo updates and quarterly financial reports will be shared with all donors throughout the project.

7. Implementation and Timeline

Phase	Period	Key activities
Design and preparation	Year 1	Finalise architectural and technical design, engineering assessments, regulatory compliance, detailed cost validation. Parts of this phase are already underway
Fundraising	Years 1 to 4	Coordinated fundraising by MUSTANGH Foundation; overall timeline is dependent on the pace of incoming funds; construction commences once the wind and weather-tight funding threshold is reached
Construction	a total of: 12 months	Foundation, structural frame, roof, utilities and finishings. executed by qualified Ghanaian construction teams under supervision of Stichting Bouwen; existing ward remains fully operational throughout
Equipment phase	Follow-on project	Separate funding proposal for medical equipment, delivery beds, monitoring equipment and furnishings (~€150,000)
Commissioning and handover	After equipment	Full installation, testing and formal handover to St. Anne's Catholic Hospital, ward opens for clinical use only once fully equipped

8. Sustainability

Institutional sustainability

Upon completion, the maternity ward becomes the full operational and financial responsibility of St. Anne's Catholic Hospital and the Catholic Diocese of Damongo. Management, staffing and clinical governance will be integrated into the hospital's existing organisational structure. There is no dependence on external organisations for the day-to-day operation of the facility.

Financial sustainability

No structural increase in staffing is required. The current clinical team already manages this patient volume under significantly more difficult conditions. The new infrastructure improves efficiency and working conditions rather than adding new operational burdens. In the coming years, Felicia, the head midwife, will be trained as a specialized midwife, further strengthening the hospital's long-term obstetric capacity from within.

The hospital is considered financially stable and able to absorb routine maintenance and operational costs within its existing budget. The building design deliberately avoids complex technical systems that would require expensive specialist maintenance.

Technical sustainability

All materials and construction methods have been selected for durability and local repairability. The hospital already employs a technical engineer responsible for infrastructure maintenance. No reliance on external expertise is created by this project.

Demand sustainability

The risk of underutilisation is negligible. The ward is sized to meet documented, existing demand, not speculative future growth. The project is a necessary upgrade of failing infrastructure, not an expansion of services. As facility-based delivery continues to grow in the region, the ward will be utilised to its full capacity.

9. Monitoring and Reporting

During construction

Monthly photographic progress reports will be produced by Stichting Bouwen and shared with MUSTANGH Foundation, Wilde Ganzen and all donors. Quarterly financial reports will be provided, documenting all expenditure against the approved budget. Any deviation from the approved budget requires formal board approval before continuation.

After completion

A structured evaluation will be conducted within 6 to 12 months of commissioning, assessing operational performance, workflow efficiency, bed occupancy, patient safety indicators and maintenance sustainability. Baseline data from the current maternity ward is available for comparison.

Key performance indicators include:

- Number of deliveries per month
- Bed occupancy and patient flow during peak periods
- Number of caesarean sections and emergency procedures
- Occurrence of maternal and neonatal complications

- Staff workload and reported working conditions

Results will be documented and reported to MUSTANGH Foundation and shared with all donors. Monitoring will subsequently be integrated into the hospital's regular reporting structure.

1,262 women gave birth at St. Anne's last year. Each one deserved better. With your help, the next 1,262 will get it.

Help us build the maternity ward they deserve.

Contact

For questions or further information, please contact:

Janneke Arts

MUSTANGH Foundation

T: +31 6 27 51 49 89

E: info@mustangh.nl